

## Application Data Sheet

### Application Information

**Application number::**

**Filing Date::** 02/19/2002

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Computer Readable Form (CRF)?::** No

**Title::** SYSTEM AND METHOD FOR SELECTION  
OF A PRIMARY CARE PHYSICIAN

**Attorney Docket Number::** 010124-0288

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 2

**Small Entity?::** No

**Petition included?::** No

**Secrecy Order in Parent Appl.?::** No

### Applicant Information

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Christopher J.

**Family Name::** Bonin  
**City of Residence::** Greenfield  
**State or Province of Residence::** WI  
**Country of Residence::** US  
**Street of mailing address::** 4554 River Ridge Drive  
**City of mailing address::** Greenfield  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53228

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Carolyn  
**Family Name::** MacIver  
**City of Residence::** Whitefish Bay  
**State or Province of Residence::** WI  
**Country of Residence::** US  
**Street of mailing address::** 5834 North Maitland Ct.  
**City of mailing address::** Whitefish Bay  
**State or Province of mailing address::** WI  
**Postal or Zip Code of mailing address::** 53217

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Mary  
**Family Name::** Fields  
**City of Residence::** New Berlin  
**State or Province of** WI  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 13805 West Maria Dr.  
**City of mailing address::** New Berlin  
**State or Province of mailing** WI  
**address::**  
**Postal or Zip Code of mailing** 53151  
**address::**

#### **Correspondence Information**

**Name::** James A. Wilke  
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777 East Wisconsin Avenue  
**City of mailing address::** Milwaukee  
**State or Province of mailing** Wisconsin  
**address::**  
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#### **Representative Information**

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>
Primary	46,521	SCOTT D. ANDERSON
Primary	29,512	RUSSELL J. BARRON
Primary	39,902	DAVID J. BATES
Primary	42,308	STEVEN C. BECKER
Primary	22,022	EDWARD W. BROWN
Primary	35,093	CHARLES G. CARTER
Primary	44,603	ALISTAIR K. CHAN
Primary	26,416	JOHN C. COOPER III
Primary	22,205	WILLIAM J. DICK
Primary	30,844	BARRY L. GROSSMAN
Primary	47,619	JEFFREY S. GUNDERSEN
Primary	44,787	PAUL S. HUNTER
Primary	48,367	JOHN M. LAZARUS
Primary	47,746	KENNETH G. LEMKE
Primary	40,365	KEITH D. LINDENBAUM
Primary	39,282	DAVID G. LUETTGEN
Primary	35,610	RICHARD J. MC KENNA
Primary	32,505	JAMES G. MORROW
Primary	45,651	JASON E. PAULS
Primary	38,276	TODD A. RATHE
Primary	30,128	MICHAEL D. RECHTIN
Primary	48,580	MARCUS W. SPROW
Primary	47,959	M. REED STAHELI

Primary	44,456	CHRISTOPHER M. TUROSKI
Primary	38,646	JOHN A. VANOPHEM
Primary	34,279	JAMES A. WILKE
Primary	35,421	JOSEPH N. ZIEBERT
Primary	40,883	WALTER E. ZIMMERMAN

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
		60/270,024	2/20/01

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

#### Assignee Information

**Assignee name::** Aurora Health Care, Inc.